Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Stevens-Dingell Victory Fund 918 Pennsylvania Avenue SE ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS blum@capcompliance.com (Check if address is changed) Optional Second E-Mail Address solander@capcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00738880 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Solander, Kristin, , , Type or Print Name of Treasurer Solander, Kristin, , , [Electronically Filed] 02 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE .	
Cai	ndidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	п	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party
(.)	ш	committee. (i.e., nonconnected committee)	grogatod fame of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	HALEY STEVENS FOR CONGRESS FEC ID number C COOK	638650
	2.	DEBBIE DINGELL FOR CONGRESS FEC ID number C COOS	558213
	3.	FEC ID number	
	4.		

FEC Forms 4 (Decides	A 02/2000)	?
FEC Form 1 (Revise Write or Type Committee Na		Page <b>3</b>
	ell Victory Fund	
	d Organization, Affiliated Committee, Joint Fundraising Represent	tativo or Loadarchin DAC Spansor
-	d Organization, Anniated Committee, John Fundraising Represent	lative, of Leadership PAC Sportson
NONE		
Mailing Address		
	CITY STA	ATE ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of	the person in possession of committee
	er, Kristin, , ,	
Full Name	918 Pennsylvania Avenue SE	
Mailing Address		
	Washington	20003
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	202 - 544 - 6960
3. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the comr ., assistant treasurer).	mittee; and the name and address of
Full Name Solande of Treasurer	er, Kristin, , ,	
Mailing Address	918 Pennsylvania Avenue SE	
	Washington	20003
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	202 544 6960

FEC Forn	<b>1 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit bo Name of Bank, I	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds.  Depository, etc.	s accounts, rents
safety deposit bo	Depository, etc.  Amalgamated Bank  1825 K St NW	s accounts, rents
safety deposit bo Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  DC 20006	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	ZIP CODE
safety deposit bo Name of Bank, [	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	
Name of Bank, I	Depository, etc.  Amalgamated Bank  1825 K St NW  Washington  CITY  STATE	